

PRESENTATION
**Care approach to addiction in the
Valencian Community: where are we headed?**

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**Abordaje asistencial de las adicciones en la
Comunidad Valenciana: ¿hacia dónde vamos?**

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PRESENTATION

This issue of the *Revista Española de Drogodependencias* is devoted to a central topic in the field of addiction: the need to advance toward an integrated, multidisciplinary, and coordinated model of care for individuals with addictions, particularly when comorbidity with other mental disorders is present. Through six contributions, the issue offers a broad, critical, and complementary view of the challenges and opportunities that this domain entails.

The first article, “Dual Pathology: Present and Future,” provides an in-depth examination of one of the major current challenges in the field of addictions: the coexistence of a substance use disorder with another mental disorder. Dual pathology is not only highly prevalent but is also associated with greater clinical severity, poorer prognosis, an elevated risk of social exclusion, and a substantial impact on both healthcare and judicial systems. Nevertheless, it continues to be a frequently underdiagnosed and undertreated reality, largely due to the frag-

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mentation between mental health services and addiction treatment networks.

The article underscores the need to develop coordinated, evidence-based care models in which early detection, differential diagnosis, and integrated interventions constitute core components. It also introduces a critical yet still insufficiently incorporated dimension: the gender perspective. Women with Dual Pathology often experience more rapid addiction trajectories, greater affective comorbidity, and specific barriers to treatment access linked to stigma, lack of tailored services, and fear of social consequences. Incorporating this perspective is essential for designing equitable, trauma-informed interventions that respond to the real needs of both men and women. Thus, the article not only reviews the current landscape but also sets out a forward-looking view of the changes required at clinical, social, and policy levels.

The second contribution, “Substance use disorder and comorbidity together with mental disorder: Descriptive Analysis of an Addictive Behaviors Unit in Valencia” provides highly valuable empirical data for understanding the magnitude of dual pathology in clinical practice. The study describes the functioning of a treatment unit and highlights the high prevalence of comorbidity, as well as the sociodemographic and clinical characteristics of the population served. It reflects clinical situations from rural areas, commuter towns, and other more vulnerable settings where higher rates of unemployment, cultural diversity, and increased risk of violent or criminal behaviour converge. This contribution is particularly useful for guiding resource planning and tailoring intervention programmes to the actual needs of patients.

The third article, “Group Psychological Treatments: A Therapeutic Tool for Change in Individuals with Substance Addiction,” focuses on a therapeutic modality with well-established efficacy: group intervention. The benefits of this approach are highlighted in terms of motivation, mutual support, therapeutic cohesion, and the acquisition of strategies for change. The article demonstrates how group formats make it possible to address psychoeducational, emotional, cognitive, and social aspects in a manner that complements individual treatment. The inclusion of two validated approaches the Marlatt & Gordon model and the Matrix model is particularly relevant in a context in which therapeutic resources must be diverse, flexible, and adapted to the different phases of the recovery process. The fourth contribution, “Competencies and the Role of Nursing in Addictive Behaviors Units: A Model Based on Recovery, Trauma, and Scientific Evidence,” emphasizes the essential role of nursing within addiction-care teams. Responsibilities extend beyond clinical care to include health education, relapse prevention, coordination across care levels, and continuous support throughout the recovery process. The article highlights a holistic and specialized role that complements psychological, social, and medical interventions, contributing to a more humane, accessible, and effective model of care.

Fifth, the article “UVAD. Legal Implications of the Consumption of Psychoactive Substances and other Addictive Behaviors”, is included, introducing an essential dimension for understanding the complexity of addictive phenomena: their impact on the legal-criminal sphere. The criminal code establishes that addictions should be understood



not only as a health or social problem, but also as a factor that influences criminal responsibility and opportunities for resocialization. The interaction between the judicial and care systems provides an opportunity to address more appropriately the relationship between substance use, alterations in the capacity for accountability, and associated criminal behaviors.

In this context, the clinical reports of people undergoing treatment for their addictive disorder and forensic expert assessments become fundamental tools for the judicial individualization of sentencing, allowing for an evaluation of the person's clinical and social circumstances and guiding decisions that can promote therapeutic justice and reintegration.

The issue concludes with the special-section article, "Beyond Fragmentation: Building a Consensus Framework for Integrated Care in Addiction and Mental Health," which examines a structural problem that continues to undermine quality of care: the absence of a clearly defined service portfolio for addiction services. Unlike benefit catalogues, which establish rights and coverage, service portfolios are essential organizational instruments for ensuring coherence and equity in healthcare. The lack of a specific portfolio has historically produced significant regional disparities in service provision.

Drawing on a multidisciplinary expert panel, the study analyzes the current situation of the Addictive Behaviors Units (UCA) in the Valencian Community, identifying consolidated services and emerging needs. Beyond describing gaps, it proposes strategies for standardization and improvement that can support progress toward a more homo-

geneous, coordinated, and integrated care model. Although situated within the Valencian context, the conclusions are applicable to other autonomous communities with similar models of integrating addiction care into public health systems.

Taken together, the articles included in this issue demonstrate that the future of addiction care necessarily depends on overcoming fragmentation, advancing toward integrated service delivery, and strengthening a multidisciplinary and gender-sensitive approach. This is a shared challenge that calls upon both professionals and healthcare administrators, with the aim of ensuring a more equitable, effective, and person-centered response.